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PTO/SB/01 (6-95)
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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box → ☐

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number **M 6185 HST/CCAE-COIL**

First Named Inventor **Bruce H. GOODREAU**

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOSITION AND PROCESS FOR MULTI-PURPOSE TREATMENT OF METAL SURFACES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **10/13/1998** as United States Application Number or PCT International

Application No. **PCT/US98/20933** and was amended on _____ (if

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/062,095	10/14/1997	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Parent Patent Number
(if applicable)

10/13/1998

$$\begin{array}{r} 32,891 \\ 33,539 \\ \hline 33,243 \end{array}$$

OR ☒ Fill in correspondence address below

Fax	610-278-6548
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MI

Applicant Authority	
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Type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Given Name Thomas Middle Initial J Family Name PRESCOTT Suffix e.g. Jr.

Inventor's Signature *Thomas J Prescott* Date November 16, 1998

Residence: City Troy State MI Country US Citizenship US

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Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Given Name Middle Initial Family Name Suffix e.g. Jr.

Inventor's Signature Date

Residence: City State Country Citizenship

Post Office Address

Post Office Address

City State zipco Zip Country Applicant Authority

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Given Name Middle Initial Family Name Suffix e.g. Jr.

Inventor's Signature Date

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Inventor's Signature Date

Residence: City State Country Citizenship

Post Office Address

Post Office Address

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☐ Additional inventors are being named on supplemental sheet(s) attached hereto

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